



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
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AFFIDAVIT

Name _____ Nursing License Number _____

I swear and affirm that:

1. I was issued a paper nursing license by the Massachusetts Board of Registration in Nursing.
2. I cannot locate my paper nursing license and I am not able to produce it on this day.
3. If my paper nursing license should become in my possession, I will immediately surrender the license to the Massachusetts Board of Registration in Nursing.
4. If my paper nursing license should become in my possession, I will not use said license to gain employment or represent myself as having an active nursing license.

I swear and affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature

Date

State of Massachusetts
County of _____

*I, the undersigned Notary Public, do hereby affirm that _____ (name)
personally appeared before me on _____ (date) and signed
the above Affidavit as his or her free and voluntary act and deed.*

Notary Public